

**SSI Dane County Managed Care Advisory Committee
Minutes
12/17/04**

Attendance:

**Tom Lawless, The Management Group Inc.
(TMG)
Ginny Graves, TMG
Fran Genter, DCDHS
Todd Costello, Community Living Alliance, Inc.
(CLA)
Tim Otis, Mental Health Center of Dane County,
(MHCDC)
Don Libby, APS
Dan Lowndes, CLA
Dianne Greenley, Wisconsin Coalition for
Advocacy (WCA)
Bonnie Morley, CLA
Peggy Michaelis, MHCDC/Redesign
Jeff Erlanger
Owen McCuster, CLA
Ruthanne Landsness, APS
Shel Gross, Mental Health Association, (MHA)
Jennifer Lowenberg, NAMI
Bill Greer, MHCDC
Michael Fox, DHFS/BMHCP
Angela Dombrowicki, DHFS/Bureau of
Managed Health Care Programs (BMHCP)
Michelle Urban, DHFS/BMHCP
Mary Laughlin, DHFS/BMHCP
Angelo Castillo, DHFS/BMHCP
Heidi Herziger, DHFS/Bureau of Health Care
Systems Operations (BHCSO)
Peg Algar, DHFS/BMHCP**

I. Review of the Minutes from Last Meeting

No comments were made on the minutes. They were accepted into the record and will be posted on the web page, along with other documents from our committee work. The web page address is: <http://dhfs.wisconsin.gov/medicaid7/index.htm#medicaid>

II. Review of Advisory Committee Issue Log

The Dane County SSI MC Contract

- An issue will be added to the log stating that recovery principles outlined in the CCS rule be included in the contract. It was also suggested that the assessment process, consumer choice, and care planning be addressed as well.
- The question of whether the iCare contract will be used as a template for the Dane County SSI MC contract was asked.

Answer: Yes it will, as well as other pertinent existing Medicaid managed care documents.

- ✓ The basic contract will be sent to the advisory committee or a sub-committee for input on content by committee members.
- ✓ A log of suggested changes for the contract and who submitted them will be recorded. E-mail any suggestions for contract language to Peg Algar at: algarpe@dhfs.state.wi.us.
- A concern was raised about the Dane Advisory Committee using the contract language developed for the Milwaukee initiative.

Response: To avoid duplication of effort, the Dane Advisory Committee should use information from Milwaukee when possible, just as Milwaukee has used information that has come out of the Dane Advisory Committee. Milwaukee's decisions do not preempt discussion addressing Dane's unique concerns.

Screening the Developmentally Disabled (DD) Population Out of the Dane Program

- It was decided that someone from the Bureau of Developmental Disabilities will be invited to the next meeting to help flesh out some of the public policy issues regarding whether the DD population should be screened out of the Dane Co. SSI MC Program.
- At the last meeting it was decided that the DD population and individuals on community-based waivers would be phased into the Dane Co. program at a later date.
- It was decided that the date that each decision was made will be reflected in the decision column of the Issues Log.

III. Enrollment Issue

- Last meeting the Advisory Committee had reached a consensus that a 90-day opt out period would be acceptable for the Dane initiative. Since then, the Milwaukee initiative decided on a 120-day opt out period. This option was presented to the Dane Advisory Committee.

"All In" Eligibles

- ✓ “All In” eligibles will be selected on a phased in basis to begin the enrollment process.
- ✓ “All In” eligibles will receive an initial enrollment packet and a reminder card 2 weeks later.
- ✓ Outreach will be attempted by mail, telephone and at outstation sites including community agencies and provider locations.
- ✓ “All In” eligibles must remain in managed care for a least two months.
- ✓ Beginning with the second month of enrollment and through the fourth month, “All In” eligibles may request disenrollment from managed care. The disenrollment will be effective the next available benefit month based on enrollment system cut off dates.
- ✓ After the fourth month of enrollment, “All In” eligibles will be locked into managed care for an additional eight months.
- ✓ After 12 months from the date of enrollment, “All In” eligibles will be notified that they may return to fee-for-service Medicaid at any time. Disenrollments will be effective the next available benefit month.
- ✓ “All In” eligibles who choose to return to fee-for-service Medicaid will receive an enrollment packet 6 months from the effective date of disenrollment and thereafter every 12 months from the effective date of disenrollment.

Voluntary Eligibles

- ✓ Dual entitlees will be selected on a phased in basis to begin the voluntary enrollment process.
- ✓ Voluntary eligibles will receive an enrollment packet and a reminder card two weeks later. They will not receive any further mailings.
- ✓ Outreach will be attempted by mail, telephone and at outstation sites including community agencies and provider locations.
- ✓ Voluntary enrollees will not be locked in, but will be encouraged to try managed care for at least two months before disenrolling.
- ✓ Voluntary enrollees may request disenrollment to fee-for-services at any time. Disenrollments will be effective the next available benefit month.

- ✓ Voluntary eligibles who do not enroll will receive an enrollment packet every 12 months.
- ✓ Voluntary eligibles who enroll and subsequently disenroll to fee-for-service will receive an enrollment packet 6 months from the effective date of disenrollment and thereafter every 12 months from the effective date of disenrollment.
- After discussion, the 120-day option was chosen for the Dane County SSI MC Program.
- The question was asked whether Medicaid only individuals may voluntarily enroll.

Response: Yes, and they would still be considered an “All In” enrollee.

Proposed Continuity of Care Language

- Draft language for the Dane County SSI Medicaid MC contract was presented to the Advisory Committee. (See Attachment on Coordination and Continuation of Care.) The language was developed by the Milwaukee Advisory Committee.
- It was suggested that language about MA payment rates for non-MA providers be included in this section.
- A discussion about the need to balance consumer choice with provider knowledge about evidence-based practices occurred. The contract should not tie prescribers’ hands when they and the consumer have a good understanding of what medication/treatment works.
- The MCO is responsible to control for quality of care was also made.
- The formulary issue was brought up, not to necessarily be addressed in the continuity of care language, but to be addressed somewhere in the contract particularly as it relates to the switching of medications after transitioning into the new program.
- A **proposal** was made to use the first 60 days to contact existing providers and to conduct the assessment. Then during the next 30 days the care plan would be developed and the enrollee would be notified if their therapist will join network or not. The enrollee then has 30 additional days to decide whether to stay in or opt out of the managed care program. The proposal was accepted by the group.
- It was also decided that language will be added to the continuity of care section to reflect that the Predictive Model Information will be submitted to CLA and any HIPAA issues will be addressed.
- The Predictive Model Tool will be live on line in February of 2005.

- Number 8 of the Continuity of Care Contract Language will be eliminated, as it is not relevant to Dane County.
- Number 9 of the Continuity of Care Contract Language will be compared to the iCare contract Addendum X.
- The following issues will be added to the Issues Log:
 - ✓ Formulary/Utilization Management
 - ✓ Disenrollment
 - ✓ Coordination Care Management
 - ✓ 120-day Opt Out Period/Continuity of Care Issue

IV. Review of Medicaid Waiver Application

- A handout with decisions to be made at the State Level and recommendations to be made by the Advisory Committee was provided. (See Attachment: Dane County SSI MC Medicaid Waiver Application—Issues to Be Decided)
- EPSDT Requirements—Details can be provided by Angie Castillo, (castiaj@dhfs.state.wi.us).
- It was suggested that possibly an independent advocacy entity could be engaged, in addition to the ombuds program. This issue will be added to the log.
- Early Warning Measures will be discussed in upcoming Quality Assurance meetings.
- Regarding the question of an enrollment broker, TMG has had meetings on community outreach. Mike Fox stated that if the enrollment broker were not AHSI, that the State would need to do an RFP.
- It was decided that the MAPP population will be included in the target population for the Dane County Initiative.
- The question was asked about whether there is existing language that addresses the situation of not being able to track an enrollee down within 60 days to do an assessment.

Response: In the current iCare contract, it states that those enrollees who do not have an assessment done within 60 days of enrollment are automatically defaulted out.

- An issue to be added to the log: “How are guardians included in informing materials?”

V. Identifying the Developmentally Disabled Population

- As we initially appeared to have consensus last meeting that the DD population would be screened out of the Dane SSI MC Initiative a some research was done on possible methods to do so. A discussion about some of the larger policy issues opened up the question again, however, and it is undetermined at this time whether the DD population will be in or out of the program in the first phase of implementation.

Comments:

- The DD system is working now. We don't want to undermine it by creating a parallel system.
- Is this an alternative to Family Care?
- Is this of any benefit to the end user?
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- There need to be more DD advocates at the table.
- Is it possible to enroll part of the DD population?
- Ken Golden from the Bureau of Developmental Disabilities states that one of the biggest concerns is addressing the dual diagnosis population (DD/MI). Additionally, restricting access to providers whom enrollees currently have good working relationships with could be very counterproductive.
- Ken states that of the DD population on SSI in Dane County:
 - ✓ 1,100 on CIP Waiver
 - ✓ 2,000 not on CIP Waiver
 - ✓ 3,600 total
- Don Libby will also run some projected numbers on the DD population that would be eligible for the Dane County SSI MC Program.
- This issue needs to be decided as soon as possible as the State will submit the Medicaid Waiver Application in January of 2005.

VI. Next Steps

The next two Advisory Meetings will be held:

January 28, 2005 9:00am-12:00pm, CR 751 1 W. Wilson Street
February 25, 2005 9:00am-12:00pm, CR 751 1 W. Wilson Street

